
Public Health and the Media in California: A Survey of Local Health Officers

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Synopsis.....

Increasingly, public health interventions are dependent on effective health communications. There are, however, few data examining the relationship and interactions between local public health officers and representatives of the media in the literature. This study sought to collect data on the quality and quantity of interactions between California's 62 local health officers and the media.

A survey form was sent to the health officers representing all 58 county and four city health departments in the State of California to assess the extent of media interaction, the existence of institutional media policies, the professional and personal character of media relations, the perceived accuracy

of media reporting, use of the media for health education and advocacy, the availability of training in media relations for staff members, and whether media interaction facilitated or impeded achievement of public health objectives. Differences in responses according to the population of the political jurisdiction also were assessed.

With 87 percent of the health officers responding, 51 percent reported 10 years or more experience interacting with the media; 65 percent said they dealt with the print media mostly on a daily, twice weekly, or weekly basis. In only 19 jurisdictions were there written policies on media relations, but in 43, media releases undergo a pre-release review. Most health officers characterized media relations as reactive, and 80 percent said they were appropriate and had an educational impact. Media interactions were largely believed to be of benefit to the public and were not generally perceived as adversarial.

Health officers were of the opinion that media representatives could become more technically and scientifically knowledgeable on public health issues but also indicated that they or their own public health staff would benefit from continuing education on managing media relations. Eighty-six percent stated that the media strongly or moderately facilitate the achievement of public health objectives. Further study of this important component of public health practice is warranted.

IN RECENT DECADES, the communication of health information to the public has relied increasingly on the electronic and print media. Even prior to the acquired immune deficiency syndrome (AIDS) pandemic, health issues were a central focus of media activity, reflecting, perhaps, the mounting percentage of the gross national product dedicated annually to health care in the United States and an expanding public interest in health and science. Health and science sections appear in at least 44 newspapers throughout the country, and a career track for medical journalists has emerged.

While individual clinical practitioners may be contacted as news sources rarely by reporters, their

day-to-day activities are affected by media reports of current or anticipated health problems. Medical researchers are approached more frequently by the media to communicate to the lay public their own, or others' research findings that have actual or potential value and applicability to the understanding or treatment of disease. Typically, researchers are approached periodically by the media or may themselves approach reporters if and when a cycle of research reaches a threshold of scientific validity or practical utility where it warrants, in the media's perception, public attention.

In contrast, the local public health officer, as the legally mandated public health representative in each

governmental jurisdiction, may interact with the media with considerably greater frequency and regularity. Whether responding to the publication of the results of a health study, to changes in health regulations that may affect service levels and accessibility, or to an emergent crisis or threat to public health, local health officers commonly represent both public health and the medical professions as a whole to the lay public through the media.

The characteristics and effectiveness of the interaction between local health officers and the media have been subjected to little systematic study. Health communications, and particularly those that use the media as a vehicle for health education, are legitimate subjects for study of how to improve their impact on the public's health. There is a need for research in this area, since the epidemiology of leading causes of morbidity and mortality in the United States indicates that effective behavioral change to reduce individual risk of chronic disease and injury is essential if further public health gains are to be realized. The AIDS pandemic, eluding a therapeutic cure or vaccine, has again highlighted the central importance of effective mass communications and health education to the prevention of disease and the achievement of improved health outcomes.

The 1988 report of the Institute of Medicine, "The Future of Public Health," stated that historically, public health has not fared well in effectively communicating the nature of its activity and impact to the public at large (1). Clearly, in an electronic age, use of media is critical to such education. Using the public access provided by media to achieve public health objectives is an activity well suited to public health but not one in which public health practitioners have been traditionally engaged. A recent survey of State health officers, however, indicated their belief that effective communication of health information to the public through the media is a high priority (2).

We surveyed California's local health officers to assess the frequency and perceived effectiveness of interactions between local public health officers and representatives of the media. Collection of these data may benefit both public health practitioners and media representatives by highlighting areas of effective interaction, problem areas and deficits, and the need for continuing education or other periodic training to improve public interactions between health officers and reporters (3).

Methods

With more than 10 percent of the U.S. population, California often serves as a crucible for highly

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publicized health and environmental issues. The local health officers of California were selected as a sample to be surveyed on professional interaction with the media. A standard survey form was sent to the 62 local health officers representing all county and the four city jurisdictions in the State (referred to hereinafter as counties).

Survey questions. The survey contained 31 items to be answered anonymously that fell into the following general categories:

The officers themselves. How many years had they been involved in local public health work and how many years had they interacted with the media as a public health practitioner? How often did they interact with the media, by type of medium (national and city newspapers, radio, television, other)? To what extent is their relationship with the media adversarial, and if so, what are the reasons for this state of relations?

Their health department. What is the population of their city or county? Did their health department develop written policies for interacting with the media? Did the local department have a media/public information officer or other individual designated for media contacts? Is this person a health professional? Do agency news releases undergo internal review prior to issuance? Is use of the media for public education a component of the local agency's public health strategy? Does the agency provide staff training on effective media relations? Is there a need perceived for continuing education in effective management of media relations? To what extent is the media used to advocate directly or indirectly for changes in local public health policy and programs?

Table 1. Percentage distribution of 54 California health officers by years of experience in public health and in media relations

Duration of experience	In public health	In media relations
Less than 10 years.....	38	47
10-14 years.....	21	17
15 years or more.....	41	34

Table 2. Mean percent of time spent with media by California local health officers, according to population size of political jurisdiction

Medium	Less than 100,000 (N = 16)	100,000-499,999 (N = 26)	500,000 or more (N = 12)
Newspapers.....	73	62	60
Television.....	9	23	22
Radio.....	18	15	18

The media. How accurately does each medium report health issues? Could reporters become more technically and scientifically knowledgeable about public health issues? What components would go into education of the media on public health issues? Does the media have a major impact on the accountability of the public health agency and its employees? Does the media facilitate or impede the local achievement of public health objectives?

The survey responses were entered into a data base that was analyzed using item tallies and frequency cross-tabulations. Responses were stratified according to the population of the jurisdiction and length of experience in media interaction. Statistically significant differences across population size and length of experience strata were assessed.

Results

Respondents. Of California's 62 local health officers, 54 responded to the survey (an 87-percent response rate). The median category for length of service in public health was 10 to 14 years, and 51 percent had interacted with the media for 10 years or longer (table 1). Twelve jurisdictions (22 percent) had populations of 500,000 or more; 26 (48 percent) had less than 500,000 but more than 100,000; and 16 (30 percent) had populations of 100,000 or less.

Extent of media interaction. Local health officers interact with the media quite frequently, with 14 (26 percent) reporting weekly contact, and 21 (39 percent) reporting daily or twice-weekly contact (fig. 1).

The mean percentage of time spent interacting with each media showed health officers spent 64 percent with newspapers, 19 percent with television, and 17 percent with radio. Larger jurisdictions tended to interact more frequently with television and smaller jurisdictions with the print medium ($P = 0.04$), and both interacted equally with radio. Table 2 illustrates the mean time spent with each medium by population size.

Media policies. Only 19 jurisdictions (36 percent) had written policies for interacting with the media. Half in the largest population stratum, 48 percent of mid-size, and only 6 percent of the smallest jurisdictions had a written media policy. This difference was statistically significant ($P = 0.01$, chi square = 8.75). Twenty counties (37 percent) have a designated contact person for media relations, 14 of them a health professional. In 43 jurisdictions (83 percent), media releases routinely undergo a pre-release review. In 67 percent of jurisdictions this is a review of the policy aspects of the media release, in 91 percent it is a content review, and in 58 percent it is a review for style.

Media relations. The character of media relations elicited from responses to the survey was divided for analysis into professional-organizational and personal.

Professional-organizational. Health officers' characterization of the professional quality of their interactions with the media is shown in figure 2. Relations with the media were reactive in character for 54 percent of the officers, while only 39 percent stated that their interaction was preemptive or proactive in nature ($P = 0.08$). Forty-three (80 percent) believed that media interaction had educational value for the public. Seventy percent felt that interacting with representatives of the media was a useful activity, but only 24 (44 percent) believed that these interactions were agency- or self-promoting. Forty-one health officers (76 percent) believed that media interactions were beneficial to the public. Local health officers did not generally perceive the character of their relationship with the media to be of an adversarial nature, and 69 percent stated that their agency or individual interactions with the media were infrequently or never adversarial. Only 6 percent stated that relations were frequently adversarial.

Personal. On personal relations with the media, 83 percent of health officers stated that their interactions with reporters were cordial. Seven percent found these interactions difficult, and 4 percent described

their interactions as defensive in character. Thirty percent of health officers stated that media contacts were candid, and 63 percent found them personally appropriate. Media relations were described by a large majority (70 percent) as professional in character.

Perceived accuracy of reporting. We collapsed the mostly and frequently accurate response categories and the mostly and frequently inaccurate response categories to assess responses on accuracy of media reporting. Number of respondents varies because many smaller jurisdictions would not receive coverage by national newspapers or television. The results are illustrated in figure 3. Differences in accuracy ratings across media were not statistically significant.

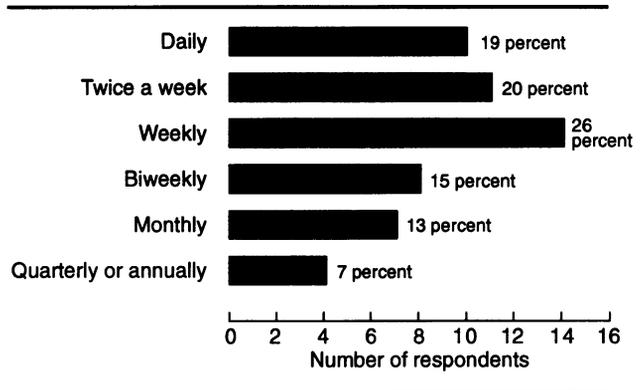
One-fifth of California's local health officers believed that members of the media could become more technically and scientifically knowledgeable in all their reporting on public health issues, and 28 (52 percent) stated that reporters frequently could become more knowledgeable.

Use of the media. Eleven health officers (20 percent) stated that use of the media was a component of their agency's public health education strategy, and 25 (46 percent) said that they frequently used the media for public health education. Print was the medium of choice for health education in 50 percent of these jurisdictions, followed by television or a combination of print and television. Multimedia combinations were preferred by 36 percent. Forty-four percent of health officers stated, however, that their agencies never pay for media time or space to promote health education objectives. Twenty-five health officers (47 percent) stated that they never or infrequently use the media to advocate changes in local public health policy or programs, and 38 percent conduct media advocacy sometimes.

Media training. Only 11 jurisdictions in the State of California (20 percent) provided training on establishing and maintaining effective media relations. California health officers overwhelmingly indicated (87 percent), however, that they or their staff would benefit from continuing education on managing media relations.

Achievement of public health objectives. With respect to achieving local public health objectives, 69 percent of California health officers stated that the media moderately facilitate and 17 percent indicated that the media strongly facilitate the achievement of

Figure 1. Frequency of 54 local California health officers interaction with members of the media



objectives. Eighty percent of health officers believed that their agency always or frequently has an impact on how the media represent agency objectives and operations. Thirty-seven health officers (69 percent) believed that their relationships with the media always or frequently allowed them to perform their public health duties with broader impact and more effectively.

Overall valuation of the media. A summary item asked the health officers to characterize their overall experiences with the media. A majority (72 percent) termed their experiences as moderately positive, 13 percent as highly positive, a single health officer characterized media experiences as negative, and none as highly negative. Forty-two health officers (84 percent) indicated that the media have a major impact on the public accountability of public sector agencies and civil servants, including public health professionals.

Differences in response by size of population. Several important differences were observed when responses were stratified by population size. Larger jurisdictions had more frequent contacts across all forms of media comparing those of 100,000 and more residents with those of less population ($P = 0.035$). Ninety five percent of counties with written media policies had populations of 100,000 or more ($P = 0.003$). At least 50 percent of each population stratum, however, including counties with more than 100,000 residents, had no written media policies.

Jurisdictions did not differ by population size on whether the media should be more knowledgeable about public health issues. The largest jurisdictions were more likely to report the provision of training on media relations to employees (33 percent), followed by mid-size (23 percent) and small counties (6 percent). Jurisdictions with 100,000 and more re-

Figure 2. Character of 54 local California health officers' professional-organizational relations with the media

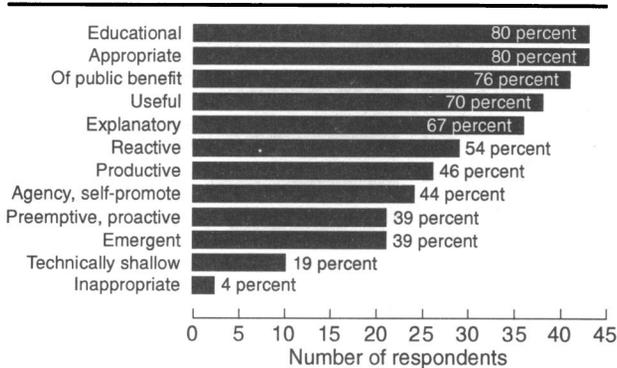
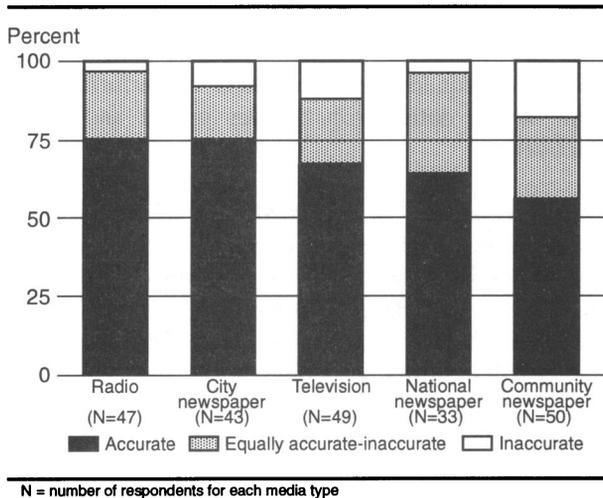


Figure 3. California local health officers' rating of reporting accuracy, by media type



sidents more frequently stated that staff would benefit from continuing education on media relations (92 percent) than those with less than 100,000 (75 percent). Counties did not differ greatly in the extent to which they indicated that they were in an adversarial relationship with the media.

There was a statistically significant difference in counties' assessments of their overall experiences with the media. Ninety-two percent of counties with more than 100,000 residents indicated that their overall experiences with the media were highly positive or positive, in contrast to 69 percent of jurisdictions with less than 100,000 residents ($P = 0.03$).

Differences in response according to length of experience with the media. An analysis of variance was conducted to compare responses according to the mean number of years of interaction with the media

reported by the health officers. No statistically significant differences were found.

Discussion

It appears that although local health officers in California are experienced in managing media relations, the high frequency and reactive quality of media interactions may have instilled a desire among health officers to develop more systematic and effective skills. To develop the content of continuing education or other forms of periodic training, both for local public health practitioners and media representatives, it appears that a data base would be useful in identifying educational needs and structuring learning objectives. This study may be viewed as a preliminary effort to gather such data.

Although most responding agencies conducted pre-release reviews of information intended for media use, few had written policies to guide the process and content of media interactions. If counties were to review for policy and style as well as content, the quality of releases and, accordingly, the accuracy of reporting may improve.

Perhaps greater effort within institutions to formalize when, how, and with whom media contacts are to occur can lend a greater proactive quality to media relations. It is promising that local health officers overwhelmingly described their interactions with the media as appropriate, educational, and thus beneficial to the public. Indeed, the extremely positive perception of the media among health officers was an unexpected finding, since the media most often focus on negative rather than positive health events and issues. This was reflected both by the high degree to which the media were said to facilitate achievement of public health objectives as well as the overall evaluation of experiences with the media. It is noteworthy, however, that while health officers believed that media interactions have public value, the actual educational impact of media reporting to the public has been assessed infrequently. It is interesting that 80 percent of health officers believed that they were not powerless in media relations but could impact on media presentation of local public health activities.

Media interaction in California is clearly dominated by contact with newspaper reporters. Perhaps specific training in conveying information verbally with a sense of how it will appear in print, and provision of supplementary written material in support of interviews may improve the accuracy of reporting. The lower accuracy rating of community newspapers compared with papers in larger cities, although not

statistically significant, may reflect a lesser skill and knowledge level of media representatives at the local level. Health officers may also be less attentive and inspired to communicate effectively with less prestigious community newspapers. The public use of television is greater than that of print media, and therefore public health officials who have television stations in their jurisdictions should work proactively with this medium on health issues.

We expected greater variation in responses by population size. Although a number of trends were evident and meaningful, few differences between strata were statistically significant, and those that reached significance were fairly predictable. It could be that modern electronic communications and the general pervasiveness of the media have narrowed the potential variability of media interactions across jurisdiction sizes. A lack of population size differences could also be a regional variation specific to California, a State that is demographically highly dense and, as a market, is quite heavily media penetrated. These characteristics may make interactions across strata more uniform. Future research on public health-media interactions may collect data from different regions around the nation for comparative analyses.

The lack of association between length of experience among health officers and the quality of interactions with media may indicate that skilled interaction with the media, at least as self-reported and reflected by a positive view of the media, is not acquired from experience alone. There are no objective data on actual (as opposed to self-reported) performance of health officers in media interactions, and thus this question too must await subsequent clarification.

Because health officers generally use media to educate the public, and because so much of prevention in major programmatic areas such as AIDS and chronic disease depends on voluntary behavioral change, the field of media health communications requires sustained attention from the research community. Although health officers indicated that the conduct of health education was a major activity in media interaction, only 39 percent stated that interactions were preemptive or proactive, and 54 percent said relations were reactive. This apparent contradiction could result from the fact that media interactions are commonly initiated by reporters seeking a response to issues in a reactive context, and health officers may be attempting to use these opportunities to pursue broader educational objectives while responding to the specific issue.

In view of the recommendations of the Institute of

Medicine (1), the fact that health departments seldom buy space or time, the rarity of staff training on media interaction, and the infrequent use of media to conduct advocacy or agency promotion are provocative findings. Further investigation and more rigorous evaluation of successful media health education campaigns are warranted.

Assessment of the linkages between actual levels of public knowledge, resultant behavioral change, and specific media activities would be very useful, even if methodologically problematic. The best format and content of continuing education on media relations for public health practitioners, and perhaps a module for reporters who are assigned to the health beat, need to be identified. Public health input into journalism school curriculums may also be appropriate.

Public health practitioners and researchers, as well as media correspondents, should collaborate on the design, implementation, and evaluation of future studies of public health-media interactions and the educational impact that can result. It would be most unfortunate if cigarette manufacturers practiced state of the art public communications while public health practitioners neglect this vital area (4-6). Improvements in the health status of the U.S. population in the next century will require more systematic and sophisticated use of the media to communicate the nature of health risks and individual opportunities to practice prevention.

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